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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 7664

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| SERIAL NUMBER<br>10/743,225 | FILING DATE<br>12/22/2003<br><br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1654 | ATTORNEY<br>DOCKET NO.<br>1/1444US |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/500,557 09/05/2003

*OK*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 02 029 107 12/31/2002

*OK*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/01/2004

| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>GERMANY | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>22 | INDEPENDENT<br>CLAIMS<br>7 |
|--|---|--------------------------------|------------------------|-----------------------|----------------------------|
| Verified and<br>Acknowledged<br><br>Examiner's Signature       | Initials  |                                |                        |                       |                            |

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## TITLE

Method of improvement of blood circulation

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|--------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>2146 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other |
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